

215037144  
60092

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 184	Agency Case No. B5-084680	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 09/12/2015		(In Military Time) TIME OF ACCIDENT 2043	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2044	09/12/2015	
B	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. Hwy 2 / Old Cheney- Apples Way		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE	
C	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO. 2	LONGITUDE	
D	IF AT INTERSECTION		IF NOT AT INTERSECTION			
1	NAME OF INTERSECTING ROADWAY		<input checked="" type="radio"/> FEET <input type="radio"/> MILES	N S E W	OF NEAREST STREET, BRIDGE, RAILROAD CROSSING	
V1/M	30.00		X W curb of Apples Way			
V2/M	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
01	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	
2	1					
F	VEHICLE NO. 1					
1	DRIVER LICENSE NO.	G03008541		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/N	DRIVER	JULIE E STEVENS		PHONE	4025401598	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	11/27/1965	
2	1215 HARRISON AVE, LINCOLN, NE	68502		OWNER	CANDYCE HAYDEN	
G	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.
4	720 N BRIGGS, Hastings, NE	68901		<input type="radio"/> PENDING	LB483334	
H	LICENSE PLATE	PM	NO.	CANDYCE	YEAR (Plate Expires)	2016
2	VEHICLE	2008	MAKE	GMC	MODEL	Acadia
V1/O	VEHICLE ID NO. (VIN)	1GKEV33758J256596		BODY STYLE	Medium/large u	white
2	VEHICLE	2008	MAKE	GMC	MODEL	Acadia
V2/O	TOWED TO	TOWED BY		INSURANCE COMPANY	Nationwide	
2				POLICY NO.	PPGM001292275-3	
I	VEHICLE NO. 2					
1	DRIVER LICENSE NO.	G02183770		STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE
V1/P	DRIVER	KARLA J HOUEK		PHONE	4027915863	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	06/22/1961	
2	302 MAY ST, FIRTH, NE	68358		OWNER	KARLA J HOUEK	
J	OWNER ADDRESS	CITY, STATE, ZIP		CITATION	<input type="radio"/> PENDING <input checked="" type="radio"/> NO	CITATION NO.
01	302 MAY ST, PO BOX 161, FIRTH, NE	68358		<input type="radio"/> YES <input checked="" type="radio"/> NO		
V1/Q	LICENSE PLATE	NO.	583AE	YEAR (Plate Expires)	2016	STATE (Of Plate)
4	VEHICLE	2005	MAKE	Cadillac	MODEL	SRX
V2/Q	VEHICLE	2005	MAKE	Cadillac	MODEL	SRX
1	VEHICLE ID NO. (VIN)	1GYEE637350234301		BODY STYLE	Medium/large u	black
K	TOWED TO	TOWED BY		INSURANCE COMPANY	State Farm	
01	Beeman Automotive	Capital Towing		POLICY NO.	0232179-D22-27G	
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject
VEH. #	NAME	ADDRESS			3 Body Region	4 Injury Sev.
2	KARLA J HOUEK 302 May St, Firth, NE	68358		06/22/1961	5 Trans.	SEX M F
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
		Saint Elizabeth Regional Medical Center		Lincoln Fire & Rescue		
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	
VEH. #	NAME	ADDRESS				
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.	

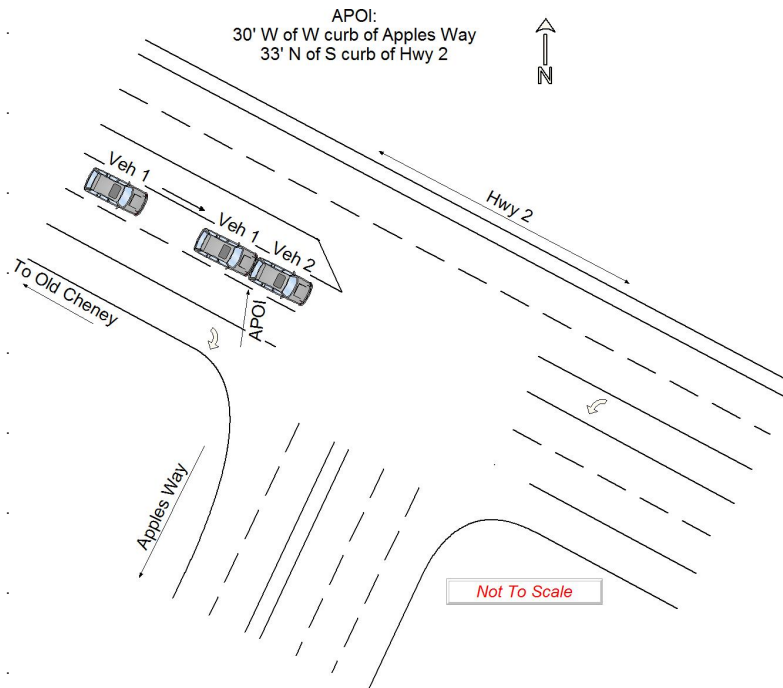
**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-084680**



Indicate  
North  
by Arrow



**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

D1 was EB on Hwy 2 approaching Apples Way while the EB light was red. The traffic signal turned green at Apples Way and D1 continued EB, colliding with V2 which was still at a stop from the red light. Both vehicles were in the inside lane.

<b>PROPERTY</b>	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
<b>WITNESSES</b>	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <small>(Enter numbers for each vehicle)</small>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS																																		
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																																									
1			X		Hwy 2				<table border="1" style="width:100%; text-align: center;"> <tr><td></td><td>4</td><td>4</td><td></td></tr> <tr><td></td><td></td><td></td><td>4</td></tr> <tr><td></td><td>4</td><td>4</td><td></td></tr> </table>			4	4					4		4	4		<table border="1" style="width:100%; text-align: center;"> <tr><td></td><td>2</td><td>2</td><td></td></tr> <tr><td></td><td></td><td></td><td>2</td></tr> <tr><td></td><td>2</td><td>2</td><td></td></tr> </table>			2	2					2		2	2		<table border="1" style="width:100%; text-align: center;"> <tr><td colspan="4">TOTAL OCCUPANTS</td></tr> <tr> <td>VEH 1</td> <td>5</td> <td>VEH 2</td> <td>1</td> </tr> </table>		TOTAL OCCUPANTS				VEH 1	5	VEH 2	1
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Driver No. 1	Driver No. 2	Pedestrian																																												
Y	Y	Y																																												
N	X	N																																												
1	01	06 Turning left		POINT OF IMPACT		01	POINT OF IMPACT		05		ALCOHOL LEVEL TESTED		BAC LEVEL																																	
2	11	08 Entering traffic lane		MOST DAMAGED AREA		01	MOST DAMAGED AREA		05		ALCOHOL/DRUGS SUSPECTED		<table border="1" style="width:100%; text-align: center;"> <tr> <td>Driver No. 1</td> <td>Driver No. 2</td> </tr> <tr> <td>1</td> <td>1</td> </tr> </table>		Driver No. 1	Driver No. 2	1	1																												
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1	1																																													
01 Essentially straight ahead		09 Leaving traffic lane		00 None		02		03		04		1 Neither alcohol nor drugs suspected																																		
02 Backing		10 Parked		09 Top & windows		01		05		06		2 Yes - alcohol suspected																																		
03 Changing lanes		11 Slowing or stopped in traffic		10 Undercarriage		08		07		06		3 Yes - drugs suspected																																		
04 Overtaking/Passing		12 Other		11 Total (all areas)								4 Yes - alcohol & drugs suspected																																		
05 Turning right		13 Unknown		12 Other								5 Unknown																																		

OFFICER NO. <b>1610</b>	TROOP/TEAM/BEAT <b>7</b>	DEPARTMENT <b>Lincoln Police Department</b>	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME (Print or Type) <b>Trevor Schmidt</b>		INVESTIGATOR SIGNATURE <b>Approved by Officer Trevor Schmidt</b>	DATE OF REPORT <b>09/12/2015</b>